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Articles in Today's Clips

Tuesday, November 18, 2008

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November 18, 2008

Parents of kids in foster care seek changes

Task force hears ideas for families

BY ROBIN ERB

FREE PRESS EDUCATION WRITER

Forget multimillion-dollar changes mandated by a federal lawsuit or new laws.

A group of birth parents say they have much simpler -- not to mention, cheaper -- ways to improve Michigan's foster care system.

First and foremost: Give them some respect.

"Come out of your box for a second, and step into our place and imagine what it's like not to have your kids at home to tuck them in at night," Quientae Baker, a 28-year-old mother from Detroit, told dozens of lawmakers, policy makers, caseworkers, and child advocates Monday during a meeting of the Michigan Child Welfare Improvement Task Force.

Formed earlier this year, the task force is advising the Michigan Department of Human Services on tackling a long list of changes needed to comply with federal and state law and a settlement of a federal lawsuit bought by Children's Rights, a New York-based advocacy group.

Baker was part of a group that the public rarely hears from in the debate over what's best for Michigan's foster children: the birth parents.

Invited by the task force to address its Detroit meeting, the parents had had their children removed for different reasons -- from abuse by others to allegations of neglect to a lack of knowing where to turn -- and weren't reunited with them for many months.

Detroit's Gerald Howard, 53 and a single father, said he'd gone to shelters after losing his job and home. He needed someone to watch his children during the day while he searched for work. But most places offered shelter only for mothers with their children, and not fathers.

When Child Protective Services took his children, Howard said, he wrongly believed that his love for them and the fact he was a "positive person" who usually held a job would mean his children would be returned to him quickly.

Several parents said early intervention would have enabled them to better care for their children rather than having them turned over to foster care.

The parents had plenty of other ideas on helping families stay together or reuniting them after foster care. Some things were as simple as bus tickets for those parents without vehicles so they can get to appointments or visit their children in foster care.

They also said caseworkers should focus on education for parents rather than making them find minimum-wage jobs that aren't going to cover bills.

After the meeting, DHS director Ismael Ahmed said he was not surprised at the parents' frustration.

"I think some of the parents are suspect because they're having problems in their lives, and a stereotype develops," he said. "We need to remind ourselves that we need to come in with an open mind."



November 18, 2008

State Medicaid plans among slowest payers

BY PATRICIA ANSTETT
FREE PRESS MEDICAL WRITER

Michigan's fee-for-service Medicaid insurance plans -- serving 600,000 of the state's 1.8 million Medicaid recipients -- are among the slowest in the nation to pay their bills, a new survey has found.

The Michigan plans had the fourth worst payment lag: 88 days compared with 37 days for payment from commercial insurers, according to research to be published today in the journal Health Affairs.

Timely payments are an issue, the report said, along with low reimbursement. Only half of the nation's doctors are willing to see Medicaid patients, compared with 70% who treat Medicare patients, the report said.

Fee-for-service plans allow greater access to doctor networks, rather than ones selected by HMO plans.

Paul Reinhart, chief of Michigan's Medicaid program, attributed delays to an out-of-date computer system the state bought in 1972, "the oldest system in the country," he said.

The state plans to install a new system by mid-2009, he said in an e-mail response to the Free Press. The new system should help the state "improve to a two- or three-week payment cycle," Reinhart said.

Rick Murdock, executive director of the Michigan Association of Health Plans, said Michigan's Medicaid HMO plans have much quicker payment rates because of laws requiring them to pay all claims in 45 days.

The state's Office of Insurance and Financial Regulation monitors compliance, he said. Medicaid performance standards also require HMOs, but not fee-for-service plans, to pay at least 90% of their bills within 30 days, Murdock said.

The Health Affairs study was funded by the Robert Wood Johnson Foundation. It included about 4,900 physicians in 21 states, including Michigan.

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Tuesday, Nov. 18, 2008

Coming to the Defense of Nebraska's Child Abandonment Law

By Karen Ball / Lincoln

Nebraska never wanted the attention that came with the heart-wrenching reports of sobbing children at hospitals and desperate parents leaving kids, little ones and unruly teenagers alike, under [the state's new "safe haven" law](#). "We were being ridiculed every day," says state Sen. Dianna Schimek of Lincoln, "but I have no apologies because something good will come of this. We uncovered something that we need to address. And it's not just Nebraska — it's widespread."

The Nebraska Legislature's Judiciary Committee met in a special session Monday to begin rewriting a law that has resulted in an epidemic of abandoned children — some parents driving from Florida, Arizona and Georgia to leave off their problem kids. Most states allow a parent to leave an infant at a fire station or hospital without fear of prosecution, but because [Nebraska's law did not define "child,"](#) 34 kids have been dropped off at Omaha hospitals since September. None were infants. The rest of America was stunned. But, as the special session proceeded, some legislators defended the intent of the law.

While Gov. Dave Heineman is pushing to limit a rewritten law to newborns of 72 hours, some lawmakers argue the abandonments have exposed an urgent need to fix gaping holes in state mental health services, which they claim fail to assist families with little resources to help problem children. Sen. Annette Dubas introduced an alternate bill that would retain "safe haven" for parents with kids age one to 15 through June 2009, so that the Legislature could address the broader issues come January. "Do not forget those struggling families," she urged her colleagues.

Some lawmakers were angered at what they see as a callous response from Heineman's administration — that state welfare agents appear to be accusing parents of too easily abdicating responsibility. "It's been very disturbing, how judgmental you've been," Sen. Amanda McGill scolded the state's Health and Human Services chief, Todd Landry. "You've had plenty of time to make these judgmental statements to the press" but not to return phone calls from desperate parents, she said. Landry argued that the state offers many lifelines, that services are available. "So all a parent has to do is call a hotline?" Sen. Steve Lathrop asked skeptically. "What is the harm," he asked repeatedly, of allowing distraught parents to bring older kids in?

But the voices that appear to have won the day were those of the abandoned. "I'll be good — I'll be good, I promise," one child begged as the mother walked away, Ann Schaumacher of Immanuel Hospital in Omaha told the Judiciary

Committee. "It is not the right place for relinquishment to occur," Schaumacher said of the emergency room abandonments. Some hardened adolescents show no emotion at all, she recalled. An older teen was left by a mother who simply said, "I can't do it anymore." "These children will never be the same, and that's the tragedy of this law," said Schaumacher, who, like most hospital representatives, argues that the law should be limited to newborns and infants.

Near the end of a four-hour-plus hearing, Lyman "Scott" Wostrel gave a grown man's choked testimony of the experience of abandonment. His mother gave him up at 14, he said, in urging lawmakers to limit the law to newborns. "It doesn't matter what a person says. The action speaks — I don't love you. Any kid can figure that out," he said.

At the end of the work day, the Judiciary Committee voted to send a measure to the floor of the full unicameral legislature on Tuesday and Wednesday that amended the governor's bill to extend the law to children as old as 30 days. (Some legislators wanted the limit to be as much as a year or more.) Chairman Brad Ashford said he expected vigorous debate and further amendments. A 24-hour cooling off period will then go in effect before a final vote comes Friday.

Even though Governor Heineman is likely to have the law pared back to apply only to infancy, the broader issue of childhood mental illness did have its hearing. A majority of the kids abandoned had a history of mental illness — 90% of the parents or guardians had sought state services for them before. Many had at least one parent in jail. One big hole in the safety net, said Dr. Jane Theobald, an Omaha psychiatrist and representative for the Nebraska Psychiatric Association, is that there are simply not enough facilities for troubled youngsters. A teenager who attempts suicide might stay at a general medical hospital for days, waiting for an opening in a mental health facility that may or may not come. "I've sent kids out of state or four hours away for a bed. That's typical, not the exception."

Lawmakers sympathetic to the parents and guardians of older, troubled children note that Omaha is, after all, home to [the original Boys Town of Father Flanagan fame](#). In the city, there's a statue of one young boy carrying another on his back, with the words chiseled underneath, "He ain't heavy, Father, he's my brother." During the Great Depression, parents would scrape together bus fare and hang a sign, "Take Me to Boys Town," around their child's neck. Tysheema Brown, the Atlanta woman who drove 1,000 miles to Omaha to drop off her 12-year-old son, had been taken to Boys Town herself as a teenager. She had tried to get a spot for him in a similar Georgia institution for six months and failed. On that long drive she reportedly told her son what was happening; she reasoned later he would not hate her because she believes she is sparing him from a jail cell.

Father Steven Boes, president of Boys Town, didn't bother to attend Monday's hearing because he thinks little can be done on the big issues of mental health. He says he'll be back in Lincoln in January "to strike while the iron is hot" when legislators are scheduled to debate privatizing behavioral services for troubled adolescents. Meanwhile,

Boes had good news for Tysheema Brown. The priest said he's working with Georgia alumni to get her housing and find her son a spot, hopefully in Omaha.

[See TIME's Pictures of the Week](#)

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State's loophole creates safe haven for child desertion

SIRI AGRELL

From Tuesday's Globe and Mail

<http://www.theglobeandmail.com/servlet/story/RTGAM.20081118.wnebraska18/BNStory/International/home>

November 18, 2008 at 4:56 AM EST

Mike Flood knew his state had a problem the day a man dropped off nine children, ranging in age from 1 to 17, at a Nebraska hospital.

In July, Mr. Flood, Speaker of the Nebraska Legislature, had supported a new law that allows parents to anonymously abandon their offspring at any state hospital without fear of prosecution. But unlike other states with similar safe-haven laws, he and other lawmakers did not include an age limit in the legislation - intended to address the issue of unwanted infants being harmed - and have watched in horror as 35 children and teenagers have been abandoned since Sept. 1, some driven in from other parts of the country.

"It obviously has had unintended consequences," Mr. Flood said yesterday.

The state legislature convened a special session last week in order to change the law, something expected to happen by Friday.

Mr. Flood has introduced a bill that would make the law apply only to children three days old or younger, while others have suggested the age limit be set at one month or one year.

Even if the safe-haven law is changed, it has brought to light the extreme circumstances of some families unable or unwilling to care for their children.

The 34-year-old man who dropped off nine of his 10 children in September said he had been struggling since his wife died of a brain hemorrhage, and could no longer cope.

A 17-year-old youth was reportedly abandoned by his grandmother after he threatened to kill someone with a knife.

A 33-year-old mother from Georgia said she drove her 12-year-old son nearly 1,600 kilometres to abandon him in Nebraska because it was the only way to get him help for a psychiatric condition.

Of the 35 young people abandoned under the law, 20 are teenagers and five are from other states.

One man drove from Florida to drop off his 11-year-old, while a Michigan woman took advantage of the Nebraska law to abandon her 13-year-old adoptive son. As a result, her other adopted son and two biological children were removed from her care.

The influx of abandoned children from outside the state prompted Governor Dave Heineman to announce on CNN: "Please don't bring your teenager to Nebraska."

But that still leaves the state to deal with its own residents.

Last week, a five-year-old boy and two girls, 14 and 17, were dropped off in a single day. The older girl ran away from the hospital before authorities could arrive, and has not been found.

Some have suggested the rash of abandonments reveal the failing of social services.

According to The Washington Post, 27 of the first 30 children abandoned had received mental-health services, 28 came from single-parent homes and 22 had a parent or guardian who had been jailed.

Some of the parents are now facing criminal charges, not for abandoning the children, but for abusing them in the past.

But at a public hearing on the issue yesterday, Todd Landry of the state Department of Health and Human Services said none of the children was in immediate danger and said all of the families had accessed state services at some point.

He said the five children abandoned by families living outside Nebraska have been returned to the care of their home state.

Three of the remaining 29 are being treated in hospital or a mental-health facility, he added, while the rest are in foster homes or being cared for by relatives.

Some of the children are being treated by Boys Town, a non-profit child-care facility in Nebraska.

Father Steven Boes, the facility's national executive director, said it is important not to demonize the families involved. "Imagine the frustration of parents that would lead them to be this desperate," he said. "And there are a lot of frustrated parents out there."

Many families simply need more information about the resources available to them, he said, and must be confident that they can find the right treatment at the right time.

"The bigger issue at stake here is how do parents access the system of care, not only in Nebraska but in their own state?" he said. "I think this has given us an opportunity to shine a bright light on a problem that's been a dark secret in our state and others."

But not everyone has seen a silver lining in the safe-haven law.

State Senator Ernie Chambers of Omaha opposed the original legislation and told the public hearing yesterday that the state had no business encouraging the abandonment of children of any age.

"Nebraska did not get it right with this one," he said. "Nebraska got it very, very wrong."

Sheltering the unwanted

Since 1198, authorities have been making provisions to allow parents of unwanted children to abandon them safely into the care of the state. In Italy, to stop women from ridding themselves of unwanted infants in the Tiber River, Pope Innocent III ordered many orphanages to install a small rotating cylinder, similar to a revolving door, in which a baby could be deposited from the outside and swiveled into the care of nuns inside. These so-called foundling wheels are still visible in some medieval buildings in Italy today, and were a precursor to modern-day baby hatches and safe-haven laws.

Baby hatches: In many countries today, some hospitals and birthing centres have a hatch through which a parent on one side can anonymously pass an unwanted baby to a heated crib on the other, setting off an alarm to alert childcare workers. These hatches are found in many European countries as well as Japan and South Africa, among other places. In Pakistan, there are 300 centres where infants can be left in a hanging cradle in an effort to combat female infanticide in the male-dominated society.

Safe-Haven Laws: All U.S. states have laws that allow parents to leave unwanted children at a hospital, fire station, police station or similar responsible agency without the risk of prosecution. Some states only allow this for children up to a few days old, while others allow up to a year. Nebraska was the only state that didn't narrowly define "child," meaning any child under 18 was eligible.

In Canada, there are no safe-haven laws, but most provinces are reluctant to prosecute parents who abandon an infant into the care of a suitable organization such as a hospital or social-work agency.



Monday, November 17, 2008

[Kalamazoo, Flint Tie for Highest Michigan Poverty Level](#)

KALAMAZOO -- Times are tough all over, and especially in Michigan--but is Kalamazoo as bad off as Flint?

Executive director of the Kalamazoo County Poverty Reduction Initiative Jeff Brown was at the poverty summit in Detroit last week, and he said their findings match much of the information the American Community Survey released in August.

"Kalamazoo and Flint were tied, unfortunately, for first place in terms of the poverty level in the state of Michigan," says Brown. "Detroit actually is second at 34-percent, Flint and Kalamazoo are at 36-percent."

He adds there's a difference between the city of Kalamazoo and the county.

"It's even more dramatic among certain specific populations within our city," says Brown. "The county as a whole is pretty much similar to other areas of the state. It's not nearly quite as high."

He says one trend that worries the group is the poverty rate in the county is rising faster than the rate found just within the city.

Posted by WKZO NEWS at [7:50 PM](#)



November 18, 2008

County now able to offer health checks to refugees

Elizabeth Willis
The Enquirer

Refugees who already have been through hell won't have to travel far to get their health checked.

Last week, the Calhoun County Public Health Department for the first time became one of a few counties in Michigan to offer health assessments to refugees, who are mostly Burmese locally.

Burma has only two kinds of people, the very rich and very poor, said translator Euphrosne "Frosty" Hrangthawng, 66, of Battle Creek. And only the rich get good medical care there.

"So when they come over, they are very excited to get check-ups," she said. "They are human beings here."

The U.S. government requires incoming refugees to have a full health examination within 90 days of arrival and ideally within 30 days, said Jim Rutherford, Calhoun County health officer.

The examiner checks for communicable diseases, hearing and vision problems, pregnancy, internal parasites and other health issues, then makes referrals for treatment.

"Calhoun County was selected because we have a relatively large Burmese population," he said.

About 500 Burmese refugees currently live in the county, said Kathryn Geller, senior refugee specialist and Battle Creek sub-office director of Southfield-based Lutheran Social Services of Michigan.

No county dollars will ever need to be spent on the program because it is fully funded by federal dollars funneled through the state Department of Human Services, Rutherford said.

Up to \$500,000 is available to the county, depending on the number of people assessed and the severity of their health conditions. Rutherford said he expects the county will receive about \$80,000 a year for an anticipated 150 refugees.

With that funding, the county health department hired an additional nurse, he said. So far, about a dozen people have been screened and a dozen more will be screened within the next couple of weeks.

"This is a nice gateway program for refugees as they come into our community," Rutherford said. "It puts us in a much better position knowing the health history of all of the refugees coming into the community."

Historically, Burmese refugees have been exposed to communicable diseases such as tuberculosis while traveling through refugee camps.

Refugees must have a clean bill of health to enter the United States. However, the medical equipment used to assess their health overseas often is not as precise as it is in the United States, Geller said.

"We do another screening here just to make sure, as a fail safe," Geller said. "It's just to make sure that we beat down anything that might crop up."

Having a program locally will help these strained social services organizations and prevent overcrowding at Kent or Ingham county programs.

"We're very excited to see this in place," she said. "It just makes more sense, it's more efficient, better for the refugee and it's easier on us."

Elizabeth Willis can be reached at 966-0684 or ewillis@battlecr.gannett.com.

Additional Facts

In other Calhoun County Public Health Department news

- Genessa Doolittle, Fetal Infant Mortality Review team coordinator, on Monday told members of the Calhoun County Board of Health that nine unofficial infant deaths have been recorded this year through Aug. 31. Prematurity appeared to be a factor in seven of the deaths. None have been caused by asphyxiation or unsafe sleep environments, a success attributed to community prevention programs. During the same time period in 2007, 17 infants had died.
 - The health department is pursuing a grant to build an additional school-based health center, such as the Wildcats Wellness Center in Albion High School and the Student Health Center in Battle Creek Central High School. Jim Rutherford, county health officer, said pending school district approval he hopes to have another at a middle or elementary school primarily for children who could not access medical care otherwise.
 - So far this year, the health department has given 900 flu shots, about half its supply, and several more clinics are scheduled in Battle Creek, Marshall and Albion.
-

Safe sleep practices can help prevent infant deaths

Posted by [aholcomb](#) November 18, 2008 10:10AM

http://www.mlive.com/kzgazette/features/index.ssf/2008/11/safe_sleep_practices_can_help.html



John A. Lacko | Special to

Kalamazoo GazetteLorie Peterson holds daughter Saydee, 4, as her husband Keith holds a photo of daughter Emilee, who died at 9 months old in 2004 when she suffocated between two blankets at a day-care provider's home. "I think they think it can never happen to us," Lorie Peterson said in the couple's Portage home. "But it does. It happens all the time. It can happen to anybody."

Even after her 9-month-old daughter died in 2004 when she suffocated between two blankets at a day-care provider's home, Lorie Peterson would see friends and relatives put their babies to sleep with too many blankets and toys in their cribs.

"I think they think it can never happen to us," Peterson said. "But it does. It happens all the time. It can happen to anybody."

Emilee's death was devastating for the Portage woman and her husband, Keith. They'd been told they'd never have children, and then on their 10th anniversary they found out she was pregnant.

Peterson remembers Emilee as a contented baby who was never fussy or cranky.

Today, they are the parents of a little girl, Saydee, 4, whom they adopted from China, and they are advocates for safe sleep practices for infants, giving presentations and lectures to parents and day-care providers about how to put infants to bed safely.

"Nobody would do this intentionally, but the slightest error can cause something like this," Peterson said.

Between 2004 and 2007, there have been 24 infant deaths as the result of unsafe sleep practices, say Jeff Fink, Kalamazoo County prosecutor, and Joni Idzkowski, health services bureau director of Kalamazoo County Health & Community Services.

Fink and Idzkowski co-chair the Kalamazoo County Child Death Review Team, which examines unexpected deaths of those under age 18. The review takes place not as part of a criminal investigation but to help officials understand what happened and to identify any trends that can be prevented.

In recent years, some of the infant deaths in Kalamazoo County have included a parent rolling on top of and suffocating a child, a baby who suffocated between two parents and a child who became trapped between two beds that had been pushed together.

Other hazardous sleep environments can include waterbeds, couches and swings.

Kalamazoo County Health & Community Services has used several methods to try to reach more parents with its message on safe sleep practices. It has used older women to educate young mothers, done home visits with mothers, held community baby showers where families come together to talk, and offered increased information to hospitals, doctors and nurses.

Although health officials and educators have made great strides in communicating the dangers of unsafe sleep practices, some parents are still unaware of the dangers.

"Sometimes parents get the information," Fink said, "but there are a lot of things going on as a new parent. They can get overwhelmed with information" and not realize the importance of certain information.

Bed sharing

There are some people, however, who advocate bed sharing, which is considered by health officials to be one of the more dangerous sleep environments for infants.

"Many people in the public-health field say sharing an adult bed with a baby can never be safe, but many breastfeeding advocates say it can be made safe and there are some reasons why mothers may want to do it," said Linda Wieser, with the Washtenaw County Breast Feeding Coalition. She is the area professional liaison for La Leche League of Michigan and helps La Leche branches with medical and legal questions.

"From the mother's point of view, taking the baby to bed is just easy when you are nursing and tired," Wieser said. "Bringing the baby to bed with you for part of the night means they don't wake up as much and it's easier to feed them."

Bed sharing can be made safer, she said, by placing the baby on his or her back on a firm mattress, removing excess bedding and ensuring the baby does not overheat.

Also, under no circumstances should a baby sleep in a bed with a parent who smokes, is on medication or drinks alcohol, she said.

But Idzkowski said that while she understands the desire to have the baby close by, the protection of the child needs to be paramount in all discussions.

"People will say, 'My grandmother did it. My mother did it,'" Idzkowski said. "And, I say, 'Yes, people have done it, but it may be your baby that dies.'"



4-month-old dies in Canton Township while sleeping with his parents

Posted by Susan Oppat | The Ann Arbor News November 17, 2008 14:25PM

Canton Township police are investigating whether a 4-month-old baby was accidentally smothered by his parents while he was sleeping in bed with them.

Officers were called to the Extended Stay Hotel on Haggerty Road at 4:13 a.m. on a report of a baby not breathing.

When they arrived, police said, the boy's father was performing CPR on the infant. Rescue workers transported the baby to an area hospital, where he was declared dead.

Officers said the baby's mother discovered he wasn't breathing after the three had been sleeping together, a practice called "co-sleeping," which state health officials have blamed for many infant deaths.

Police said there was no history of medical problems in the baby, and there were no visible signs of injury.

Five Wayne County infants suffocated in a single week last year while sleeping with an adult, three months after another five died in just two days.

In 2006, 65 Michigan children, 7 percent of all children who died under the age of 1, died while in bed with an adult, according to state figures.

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